



CONNECTICUT HEALTH IMPROVEMENT COALITION

Partners Integrating Efforts and Improving Population Health

HEALTHY CONNECTICUT 2020 ADVISORY COUNCIL

Meeting Summary
October 23, 2018
9:30 am - 11:30 am

Meeting Purpose and Outcome

Discuss and gather member feedback on the development and evolution of a cross cutting framework for SHA/SHIP 2.0, which will include prioritizing social determinants, reviewing a preliminary indicator list, and addressing data gaps across action teams.

Attendees

Patricia Baker, CT Health Foundation/Advisory Council Chair; Elizabeth Beaudin, Connecticut Hospital Association; Mehul Dalal, CT Dept. of Public Health; Phyllis DiFiore, CT Dept. of Transportation; John Frassinelli, Dept. of Education; Robyn Gulley, North Central Area Agency on Aging; Brenetta Henry, Consumer Representative; Shawn Lang, AIDS CT; George McDonald, Consumer Representative; Marcus McKinney, Reimagining Care; Terry Nowakowski, Partnership for Strong Communities; Elaine O'Keefe, Yale School of Public Health; Scott Sjoquist, Mohegan Tribal Health; Janet Storey, CT Dept. of Mental Health and Addiction Services; Kathi Traugh, Connecticut Public Health Association; Nancy Yedlin, Donaghue Foundation; Andrea Boissevain, Stratford Health Department; Marijane Carey, Carey Consulting; Jordana Frost, March of Dimes; Mario Garcia, CT Dept. of Public Health; Krista Veneziano, CT. Dept. of Public Health; Karen Errichetti, Health Resources in Action; Donna Burke, Health Resources in Action; Kristin Sullivan, CT Dept. of Public Health; Sandy Gill, CT Dept. of Public Health; Laurie Ann Wagner, CT Dept. of Public Health; Melissa Touma, CT Dept. of Public Health; Chantelle Archer, CT Dept. of Public Health

SHIP 2.0 Social Determinants of Health Framework

In response to the Advisory Council request in April 2017 to identify themes across focus areas, DPH staff developed a survey for Action Team members to identify the most important social determinants that affect conditions relative to the focus areas. The results of the survey were presented to the Advisory Council and will be used to help inform the SHA 2.0 section on social determinants as well as selection of priority areas for the SHIP 2.0. Action Team members who completed the survey used their subject matter expertise to select their top five subcategories that most impacted the topics and conditions within their focus area. Poverty was the top ranking subcategory, followed by access to health care, environmental conditions, health literacy, and housing stability. (Note: The Health Systems Action Team was not asked to complete the survey since the nature of their areas of concentration focuses on improving "Systems" and not specific health conditions.)

Discussion on Social Determinants of Health Survey (SDOHs):

- Need to add consumer perspective as early as possible. Input from caregivers is also important and we need to identify and mobilize them as they create a bridge from consumers to Action Team members.
- There needs to be a balance between answers for the ultimate root cause and opportunities for action to be taken by this group.
- Are there evidence-based interventions that address the SDOHs? (Yes, e.g. equitable distribution of wealth/incomes). For poverty for example, raising the minimum wage would be a policy or intervention.
- We need equity across the board to address poverty.
- We need to once again look into establishing a property maintenance code (PMC). If we address the housing issue that would be a big step in addressing poverty.



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- We can leverage the policy agenda to take action and address the SDOHs. This will require advocacy, a systems change approach, and collective impact.

Data Advisory Committee Preliminary Indicator (topic) List and SHA Draft Outline

Progress continues to be made in the implementation of the State Health Assessment (SHA), including the conducting of key informant interviews and the convening of three Data Advisory Committee (DAC) meetings to aid in the development of a preliminary list of health indicators to include in the SHA, and development of an outline for the document. The expert opinions of internal and external partners were also used to develop a refined list of indicators and create the outline. Advisory Council members were provided with the refined preliminary list of health indicators and outline and asked to provide feedback. The Data Advisory Committee will then review the feedback to further refine the health indicators list, with final approval from the Commissioner's Office.

Discussion:

- Should consider renaming "Health Foundations" to something more descriptive of what that chapter of the SHA will contain
- Consider a list of universal stratifiers that would be applied across all indicators (e.g. race, ethnicity, gender, language, geography)
- Consider presenting data on whether a disease is under control (e.g. controlled diabetes) versus screening or burden, morbidity, or mortality? Access to proprietary data from the health care system may be needed.
- Include utilization data to help tell the full story
- Include recommendations on data that we don't have, but we need (e.g., outcomes such as controlled hypertension or diabetes).
- Focus on the disparities within the data
- Trends will be included 5-10 years if available
- What do other states with health information exchanges do? Is there a model we could aspire to?
- Include information on others that are accessing data in this way to show the "ideal" or "model" for how to use the indicators/data to inspire health. Members suggested Bridgeport CHIP is an example of this
- Are there plans to include qualitative data? This is important to know what challenges people are having.
 - Yes, the key informant interviews will have a qualitative component (e.g. community engagement in the form of a survey)

Policy Agenda

Current policy issues proposed by Action Teams include: 1) Paid Family Medical Leave, 2) Tobacco to 21 years, 3) Improving Clean Indoor Air, 4) Property Maintenance Code, 5) Seatbelt use in all seating positions of automobiles, 6) Motorcycle Helmet – proper head protection, 7) CHW Certification, and 8) REL (Race, Ethnicity, and Language) Data Collection Standards. During the meeting members discussed the need for communication leads for each issue. The policy agenda will be shared on the December coalition call for additional feedback.

Council members suggested the following for the policy agenda and raising awareness on proposed policy agenda issues:

- Consider adding HPV vaccinations and Adverse Childhood Experiences (ACEs) to the list, although there are no concrete proposals yet.



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- As a private citizen you can do anything (take off your organizational hat).
- There are “high order” issues – we can educate, send out information in newsletters, etc.
- Try to get other groups (e.g. AAA, hospitals, doctors) to educate legislators. Legislators listen to these groups and this approach was used for the seatbelts in all positions
- Consider a “retail” approach to educate - Include a link for how you can pass on the information. Help equip people to get the message out to our constituency. Need external contacts to send people to (group or individual).
- Create a 1-pager or use existing fact sheets, to inform the proposed issue that includes the facts and why the issue is important.
- Figure out how to connect the energy of those we are trying to reach with the energy of our group
- Timing is important; Determine when intervention is critical, then sync timing with those points
- Paid Family Medical Leave is a perfect example of a group taking a leadership role
- It is important to do collaboration and outreach
- We need to collaborate with the advocacy organizations around the table.
- There will be upcoming trainings on “Storytelling for Public Health Advocacy” sponsored by the New England Public Health Training Center and CT Association of Directors of Health. One training will be held on November 2nd at the Birdseye Municipal Complex in Stratford, and another training will be held on November 28th at the Lyceum in Hartford.

Environmental Health – Air Now Flag Program

The Stratford Health Department recently launched the EPA’s Air Quality Flag Program which informs residents on the status of their air quality and provides education and resources on how to modify activities to reduce exposure to pollutants in the air and protect their health. Furthermore, each day the health department displays a colored flag outside of its building to inform all residents of the air quality forecast. A green flag means good air quality (0-50), yellow means moderate air quality (51-100), orange means unhealthy for sensitive groups (101-150), red means unhealthy 151-200, and purple means very unhealthy (201-300). Advisory Council members are encouraged to promote the importance of air quality by talking to their constituents about the issue and inserting a custom air quality widget onto their organization websites. To learn more about the Air Quality Flag Program members can visit <https://airnow.gov/air-quality-flag-program>. Members who are interested in displaying an air quality widget on their organization website can visit <https://airnow.gov/air-quality-flag-program-widget> to learn how to do this.

Oral Health Improvement Plan for Connecticut

The Connecticut Oral Health Improvement Plan 2019-2024 was officially released in October. DPH’s Office of Oral Health, the CT Oral Health Initiative (COHI), and many other partners collaborated in the development and writing of the plan. It’s important to keep a focus on oral health as we move forward with SHIP 2.0 as many SHIPs and CHIPs don’t include an oral health component. The plan was modeled after SHIP 1.0 and will serve as a framework to guide efforts to improve the oral health of all Connecticut residents. The plan includes four focus areas: 1) Prevention, 2) Access and Utilization, 3) Medical/Dental Integration, and 4) Data Collection and Analysis. The plan is available on DPH’s website. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/oral_health/PDF/Improvement-Plan-Booklet_Web-Ready.pdf?la=en

Next Steps/Updates

A Coalition Call will be scheduled for December.



CONNECTICUT

HEALTH IMPROVEMENT COALITION

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Healthy Connecticut 2020
State Health Improvement Plan
Advisory Council Meeting

Tuesday, October 23, 2018

9:30 AM - 11:30 AM

DPH State Lab - 395 West Street, Rocky Hill

Pat Baker, AC Chair

Welcome and Introductions

Agenda

9:30	15	Welcome and Introductions	<i>Pat Baker, AC Chair</i>
9:45	25	SHIP 2.0 Social Determinants of Health Framework	<i>DPH/HRiA, Group Discussion</i>
10:10	25	Data Advisory Committee Preliminary Indicator List	<i>HRiA, Group Discussion</i>
10:35	20	Policy Agenda	<i>DPH</i>
10:55	15	Environmental Health – Air Now Flag Program	<i>Andrea Boissevain</i>
11:10	5	Oral Health Improvement Plan for Connecticut	<i>DPH</i>
11:15	15	Next Steps/Updates	<i>DPH/All</i>
		<ul style="list-style-type: none">• CDC 6 18 TA Project on Hypertension• Coalition Conference Call – full membership• Other	
11:30		Adjourn	

SHIP 2.0

Social Determinants of Health Framework

SHIP 2.0

Advisory Council Recommendations:

- Identify issues and audiences that are common across focus areas, to help inform more focused priorities for the SHIP 2.0
- Maintain focus on health equity
- Aim upstream
- Structure should drive opportunities for cross-pollination across focus areas
- Identify opportunities to engage non-health partners

Upstream Perspective

“...Stop thinking of health as something we get at the doctor’s office but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more you see the problem of health this way, the more opportunities you have to improve it.”

Robert Wood Johnson: A New Way to Talk About **THE SOCIAL DETERMINANTS OF HEALTH**

<https://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>

Social Determinants of Health



Action Team Member Survey

- Participants were asked to use their subject matter expertise to select the SDOH that most impacted the topics and conditions within their focus area
 - Members selected their top five subcategories for each area of concentration within their focus area of SHIP 1.0
 - Results were ranked and indexed by focus area, then overall
 - Health Systems Action Team members did not participate in the survey due to the nature of their areas of concentration focusing on improving “systems” and not specific health conditions.

Social Determinant*	Sub-categories*	OVERALL	MICH RANKS	ENV RANKS	CD RANKS	ID RANKS	IVP RANKS	MHSA RANKS
Economic Stability	Employment	8	10	8	9	10	7	10
	Food Insecurity	13	8	13	8	12	16	14
	Housing Instability	5	12	4	14	3	4	7
	Poverty	1	1	2	1	1	2	2
Education	Early Childhood Education & Development	12	11	14	15	16	10	3
	Higher Education	20	17	14	19	14	17	20
	High School Graduation	17	15	18	12	13	19	17
	Language & Literacy	13	13	7	17	5	12	17
Social and Community Context	Civic Participation	19	20	9	20	19	13	19
	Systemic Discrimination/Inherent Bias	6	5	4	10	8	18	5
	Incarceration	17	19	20	18	9	15	13
	Adverse Childhood Experience (ACE)	7	4	19	7	14	8	1
	Social Cohesion	11	13	10	11	18	4	9
Health and Health Care	Access to Health Care	2	3	11	5	4	1	5
	Access to Primary care	9	7	17	2	7	13	10
	Health Literacy	4	2	6	3	2	11	15
Neighborhood and Built Environment	Access to Foods that Support Healthy Eating Patterns	15	6	12	4	16	20	16
	Crime & Violence	16	18	16	16	20	6	4
	Environmental Conditions	3	9	1	5	6	3	8
	Quality of Housing	10	16	3	13	10	8	10

Discussion

- Observations?
- What did we learn from these survey results?
- What questions remain?
- How can we use these in developing the SHA/SHIP 2.0?

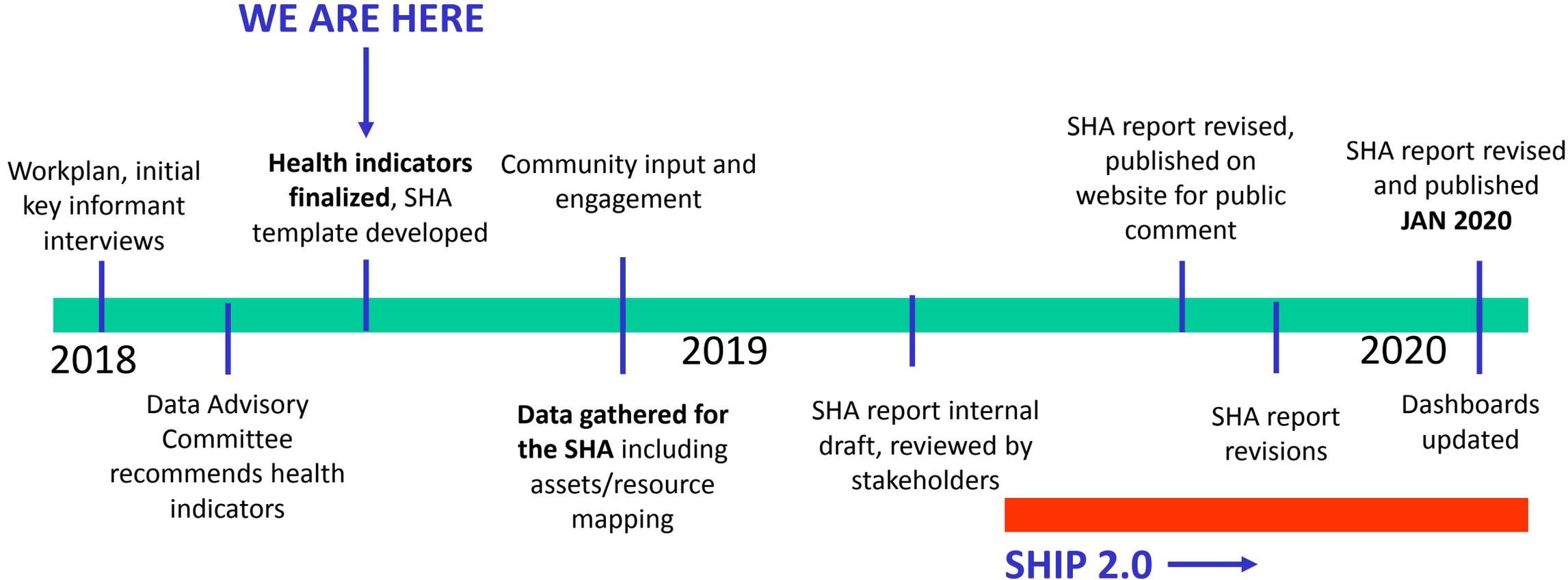
Melissa Touma, DPH and Karen Errichetti, HRiA

SHA Update & Health Indicators

Work To-Date

- Conducted key informant interviews
- Convened a Data Advisory Committee (DAC)
- Engaged DAC in developing preliminary list of health indicators
 - Meeting 1: Develop list of topics
 - Meeting 2: Generate list of health indicators by topic
 - Meeting 3: Reduce and prioritize list of health indicators for external vetting
- Preliminary discussions with the AC
- Refined preliminary list of health indicators via expert opinion by DPH epidemiologists and external partners (e.g., DMHAS)

SHA 2.0 Timeline



SHA 2.0 Report

Revised Vision Statement

Through effective assessment, prevention, and policy development, the Connecticut Department of Public Health and its ***stakeholders and partners*** provide every Connecticut resident ***equitable opportunities*** to be healthy throughout their lifetimes and are ***accountable to achieving measurable improvements in health equity***.

High-Level Outline

- Key Population Statistics
- High-Burden Health Conditions
- Healthy People
- Healthy Behaviors
- Healthy Foundations
- Moving Forward

Preliminary List of Specific Populations

- Aging/elderly
- LGBTQ
- Immigrants/Refugees
- Non-English Speakers
- Disabled
- Incarcerated

Health Indicators

Selected by the Data Advisory Committee with consultation from the AC and external partners

Theme	Topic	Indicator
Maternal, Infant, And Child Health	Perinatal Health	Births and Birth Outcomes
Chronic Disease	Prevention and Early Detection	Cancer Screening

Selected by internal expert epidemiologists/data owners during SHA report development

Measure	Stratifier
Rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations	Race/ethnicity, maternal age, health insurance status
Women aged 18+ who have had a pap test within the past three years	Age group, race/ethnicity, educational attainment, income

Our “Ask” of the Advisory Council

- Review the preliminary list of health indicators and provide feedback to Melissa Touma (melissa.touma@ct.gov) no later than October 29, 2018
- What will we do with your feedback?
 - Data advisory committee will review and refine the health indicators list
 - Commissioner’s office will finalize the list

Questions to Guide Your Feedback

- Will these indicators help us assess the health of the whole population?
- Will these indicators help us assess health equity?
- What topics or indicators are critical that is not currently included on the list?

Note: We are targeting a range of 125-150 indicators

DPH

Policy Agenda

Policy Agenda

- 2019 – Budget year (longer session)
- Challenging fiscal environment
- Transitioning administration
- Taking action as a coalition . . .
 - Advocacy/education strategies
 - Identify coordinating/communication entities

Policy Issues Proposed by Action Teams

- Paid Family Medical Leave
- Tobacco to 21 years
- Improving Clean Indoor Air
- Property Maintenance Code
- Seatbelts use in all seating positions of automobiles
- Motorcycle Helmet – proper head protection
- CHW Certification
- REL (Race, Ethnicity, and Language) Data Collection Standards

Andrea Boissevain

Environmental Health – Air Now Flag Program

Oral Health Improvement Plan for Connecticut

Collaborative Highlights

Environmental Health – Air Now Flag Program

- EH Action Team is working on Air Quality
- The co-chair has implemented the **Air Now Flag Program** in Stratford.
- Outcomes and challenges
- Opportunities for organizations to collectively highlight Air Quality
 - Implementing this program, and/or
 - Linking to EPA's Air Now pages and widgets that identify current air quality in the state/region

Oral Health Improvement Plan for Connecticut

- Overview of the DPH Oral Health Improvement Plan for CT
 - Modeled after the SHIP with objectives, baselines and targets.
- Four Focus Areas
 - Prevention
 - Access and Utilization
 - Medical/Dental Integration
 - Data Collection and Analysis

Next Steps/Updates

- CDC 6|18 TA Project on Hypertension
- Coalition Conference Call – full membership
- Other

Thank You!